

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OCT 19 2004

|  |   |
|--|---|
| 1. File Number - U - 11073   | 2. Fiscal Year Covered From 1/1/04 Through 12/31/04   |
| 3. Name and address of person filing.<br>Name ROBERT SEEGER<br>P.O. Box, Bldg., Room No., if any<br>Street 89-07 ATLANTIC AVE<br>City WOODHAVEN<br>State NEW YORK ZIP Code + 4 11421 | 4. Name, file number, and address of labor organization<br>Name MILLWRIGHT LOCAL 740<br>Labor Organization File Number 010633<br>P.O. Box, Building and Room Number, if any<br>Street 89-07 ATLANTIC AVE<br>City WOODHAVEN<br>State NEW YORK ZIP Code + 4 11421 |
| 5. Position in labor organization. BUSINESS REPRESENTATIVE - PRESIDENT   |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|   |  |
|---|--|
| A. Field an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.                                       |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name SIEMENS-WESTINGHOUSE GENERATION SERVICES, INC.<br>Trade Name, if any<br>P.O. Box, Bldg., Room No., if any SUITE 195<br>Street 3501 QUADRANGLE BLVD.<br>City ORLANDO<br>State FLORIDA ZIP Code + 4 32817 | 7. a. Nature of Interest, Transaction, or Income<br>BUSINESS DINNER<br>7. b. Amount<br>\$75.00 |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert Seeger On 8/12/05 718-849-3636  
Date Telephone Number

# COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. DEPARTMENT OF LABOR  
200 CONSTITUTION AVE. N.W.  
N-5616  
WASHINGTON, DC 20210

2. Article Number

*Transfer from service label*

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*)

☐ Yes

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